

# Consent for Therapy Services

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Dear [Therapist's Name],

I, the undersigned, hereby give my consent for my child, **[Child's Name]**, to participate in therapy sessions with you. I understand that the purpose of these sessions is to support my child's emotional and psychological well-being, and I acknowledge the importance of this process.

I am aware that the therapy may involve discussions about personal and sensitive issues and I consent to the sharing of my child's information as deemed necessary for their treatment.

I have been informed about the therapy practices and policies, and I have had the opportunity to ask questions regarding the therapy process.

By signing below, I confirm that I am the legal guardian of the child named above, and I have the authority to provide this consent.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Information: \_\_\_\_\_